BUREAU O	E BOARD OF HEALTH F VITAL STATISTICS ERTIFICATE OF BIRTH  State File No. 750 Registered No. 750
County	State
District or Township	or Village.
// //	o wire onto 81. Ward
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. Full name of child Cotal Chacon [St. Chacon Supplemental report, as directed.]	
3. Sex of Child To be answered ONLY in event of plural births.  5. No., in order of b	7. Date of birth ocloby 9 - 72.
8. FATHER Chacon Pull name Constasio Chacon	14. MOTHER Vigate Full melden name Carmen Vigate
9. Residence (Uausi place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16 Color or race
White 11. Age at last birthday 23 (Ye	vars) While 17. Age at last birthday 20 (Years)
12. Birthplace (city or place). San antonio (State or country) Chishuahun M	18. Birthplace (city or place) Magistral del (State or country) OVD - Durango Mex
13. Occupation Nature of industry	19. Occupation Nature of industry
	ive and now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)  (b) Born all (c) Stillbor	ive but now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was (Retn alive or stillborn.)	
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midrifa)
Given name added from a supplemental report	Port 1666
Month, day, year    Month, day, year   Filed   Rogistrar	Oct 15,027 lo & Drog Registrar
	25 - 1009 - 365

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